

Medi-Cal Program Update

"To Enrich Lives Through Effective and Caring Service"

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IS YOUR CASE TMC ELIGIBLE?

Be aware that **changes in income** could trigger a Transitional Medi-Cal (TMC) period. A case is eligible to TMC when the household is discontinued from 1931b because of **increased earnings** from the caretaker or primary wage earner.

Although LEADER is programmed to evaluate for TMC, it is important that the effective date of the income received is recorded properly so LEADER does not create an erroneous TMC period. Therefore, when updating income:

- Input the date the income change actually took effect (**For Example:** Income received 04/15/10, income change reported 06/15/10, input into LEADER effective 04/15/10)
- Run EDBC effective the month/year the income was received and **NOT** the date the income was reported. **Note: This is especially crucial if the income change took effect months prior.**

Also, it is mandatory that a quarterly status report be on file to substantiate continued TMC eligibility; therefore,

- Initiate a manual MC 176 TMC Quarterly Status Report if the report month has passed and LEADER failed to generate.

To learn more about TMC, please reference: MEPM Article 5, Section 50244 or AD 4008, dated 11/07/05 in the Document Library in My DPSS for more information.

L.S.

Health Care Options (HCO) Information Number

Step 1: Person applies for Medi-Cal

Step 2: Eligibility is determined

Step 3: A Benefits Identification Card (BIC) is issued

Step 4: What happens next?



How does the beneficiary know which doctor to see for health care services?

For certain Medi-Cal beneficiaries, accessing health care services requires enrollment in a managed health care plan. Even when enrollment in a health plan is mandatory, the beneficiary still has choices about plan selection. When a beneficiary does not select a plan, a default assignment to a health plan occurs.

In Los Angeles County, the health care plans are managed by L.A. Care and Health Net. Coordination of outreach activities and enrollment into managed care plans is provided by Health Care Options (HCO). In order to assist Medi-Cal applicants with plan enrollment, HCO co-located staff provides managed care information through district presentations. However, a person may have other questions regarding plan options, enrollment or changing providers.

The California Health Care Options Call Center can be contacted from 8:00 a.m. to 5:00 p.m., Monday through Friday at (800) 430-4263. A person may use the self-service automated system or speak to a customer service representative that can assist in all threshold languages. Information and forms can also be obtained online at www.healthcareoptions.dhcs.ca.gov. S.G.

LEADER Correction to Deficit Reduction Act (DRA) Notice of Action (NOA)

The MC 239 DRA-1 is generated to individuals who are approved for restricted Medi-Cal benefits because they failed to provide proof of citizenship and identity required by the Deficit Reduction Act of 2005. In some cases, the Notice of Action incorrectly displayed multiple effective dates of approval. LEADER Build #242 (see Release Notes, dated 06/25/10) ensures that the MC 239 DRA-1 will now correctly display the effective date of approval.



As a reminder, staff should approve full scope benefits, not restricted benefits for applicants who have met all Medi-Cal eligibility requirements, except for providing proof of citizenship and identity.

Reference: Administrative Directive 4721, dated 04/03/08, Work Around #72, dated 07/08/09, and Administrative Memorandum 10-04, dated 03/01/10.

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OPTIONS FOR PERSONS THAT ARE NOT ELIGIBLE TO MEDI-CAL

ABILITY-TO-PAY (ATP) PLAN

What services are offered?

Medical care for Los Angeles County residents including prenatal, maternity, prescribed medicines and hospitalization services are offered at any County hospital or clinic.

Who can be covered?

Los Angeles County residents not eligible to full-coverage Medi-Cal may qualify for ATP. Persons receiving restricted Medi-Cal may qualify for ATP for non-emergency and non-pregnancy related services. Persons who are linked and potentially eligible for Medi-Cal must apply for and cooperate with the Medi-Cal application process before they can be considered for ATP.

Is there an income limit?

General Relief recipients receive care at no cost.

CLINIC CARE: Other persons may receive clinic care at no cost if, after deductions, the monthly income of the family is **LESS THAN** the clinic care income limits (see table below on the left):

HOSPITALIZATION CARE: Hospitalization care is available at no cost if, after deductions, the monthly income of the family is **LESS THAN** the hospitalization income limits (see table below on the right):

CLINIC CARE		HOSPITALIZATION	
MONTHLY INCOME		MONTHLY INCOME	
FAMILY SIZE	MONTHLY INCOME LIMIT	FAMILY SIZE	MONTHLY INCOME LIMIT
1	\$901	1	\$616
2	\$1,001	2	\$766
3	\$1,201	3	\$951
4	\$1,401	4	\$1,116
5	\$1,601	5	\$1,276
6	\$1,701	6	\$1,431

Is there a property limit?

No. Property is not considered in determining ATP eligibility or liability obligation amount.

Can an individual receive ATP if he/she has other health insurance?

Yes. ATP will cover your "deductible" for private insurance, but it does not cover inpatient Medicare or Medi-Cal deductibles.

Is citizenship or legal residency required?

No, but they must be a Los Angeles County resident and provide acceptable proof of address. Persons with unexpired "visitors" Visas or certain categories of work permits are ineligible.

How to file an application?

You must request a financial screening appointment at one of the Los Angeles County hospitals or hospital based clinics; or call toll-free 1(800)378-9919.

OUTPATIENT REDUCED-COST SIMPLIFIED APPLICATION (ORSA) PLAN

What services are offered?

ORSA covers outpatient medical care and medicines at Department of Health Services (DHS) health facilities. You cannot use ORSA for inpatient medical care.

Who can be covered?

Los Angeles County residents not eligible to full-coverage Medi-Cal may qualify for ORSA. Effective July 1, 2009, Los Angeles County residents receiving full-coverage Medi-Cal may be eligible for ORSA for those benefits that Medi-Cal will no longer cover. These changes affect only the Multi-Service Ambulatory Care Centers (MACC), Comprehensive Health Care Center (CHC) and Health Centers (HC).

Persons receiving restricted Medi-Cal may qualify for ORSA for non-emergency and non-pregnancy related services. Persons who are potentially eligible for Medi-Cal must apply for and cooperate with the Medi-Cal application process before they can be considered for ORSA.

Is there an income limit?

Patient and patient's responsible relatives with total countable net income of less than or equal to 133½ percent of Federal Poverty Level (FPL) would have no (\$0) liability. Patients with total countable net income greater than 133½ percent of FPL would have their liability established using the same calculation as outpatient ATP. (Total net income minus allowable income deductions.)

Is there a property limit?

No, only certain resources, (i.e., cash on hand, stocks, bonds and checking/savings accounts, etc.) are included to determine liability if net income is greater than 133½ percent FPL.

Can an individual receive ORSA if she/he has other health insurance?

No. Patients eligible for third-party coverage (e.g., Medi-Cal [full coverage], Medicare, Healthy Families, private/group health insurance, CCS, TRICARE, Family PACT, Cancer Detection Programs: Every Woman Counts, etc.) would be ineligible for ORSA. Effective July 1, 2009, Los Angeles County residents receiving full-coverage Medi-Cal may be eligible for ORSA for those benefits that Medi-Cal will no longer cover. These changes affect only the Multi-Service Ambulatory Care Centers (MACC), Comprehensive Health Care Center (CHC) and Health Centers (HC).

Is citizenship or legal residency required?

No, but they must be a Los Angeles County resident and provide acceptable proof of address. Persons with unexpired "visitors" Visas or certain categories of work permits are ineligible.

How to file an application?

Apply at any Los Angeles County DHS health facility. Mail-in renewals are also available or call the toll-free information line 1(800)378-9919.